

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9045**
Registrar's No. **2528**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2437 S. 18th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Ellis

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Ellis 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 25, 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Caladonia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Section Hand Retired

11. Industry or business R.R.

12. Name John Ellis

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Delphia Morgan

15. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Laura B. Borden

(b) Address 1241 Sidney St.

17. (a) Removal (b) Date thereof 3/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismark Mo.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) MAR 17 1940 (b) J. B. Borden
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2437 S. 18th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 10 minutes 15 A. M.

21. I hereby certify that I attended the deceased from _____, 1931, to 3/15, 1940

that I last saw him alive on 3/15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

St. Sided Hemiplegia
Cerebrovascular Stroke Duration 5 hours

Due to Hypertension _____

Due to Chronic Nephritis _____

Atherosclerosis _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature William H. Broder (M. D. or other) MD

Address 1225 Sidney St. Date signed 3/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.